iodoform dressing is applied, and over this cotton and a snug bandage, and with this the patient can keep on walking, with the toe exposed in the shoe. In a week, usually, the dressing is changed. Lastly, of the three hundred and ninety-nine patients treated, there were seven deaths (or 1.75 per cent. mortality), and in each of these an operation had been done. In five of the seven, death occurred soon after the operation; in two other cases death resulted some time later, as in the case of the patient with tumor of the brain, who lived two and a half months after the operation, and the patient with hernia, who died three weeks after the operation, from pneumonia and Bright's disease. In the one hundred and five operated on, the mortality was 6.66 per cent.

LAPAROTOMY FOR PERFORATING PISTOL-SHOT WOUND OF THE ABDOMEN—RECOVERY.

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CHAS. W. M., bank cashier, æt. 21 years, was brought into my office at 11:30 A. M., March 12, ult., on account of wounds received a few minutes previous. He was helped to a chair but was unable to sit up, and was compelled to lean against the wall to keep from falling off the chair. I discovered that he was bleeding from a wound in the right hip and wounds in both hands. He was pale as a corpse, and complained of pain in the right iliac region. It was impossible to make a satisfactory examination in the office, so I had him conveyed to his home, one mile distant. His clothing was removed, a hypodermic of morphia administered, and a more careful examination made.

Patient very tall; weight 190 pounds; of tubercular cachexia, cavity in right apex; body reasonably well nourished; face, neck and breast covered with dark colored papular eruptions; head and shoulders inclined forward; umbilicus retracted, and abdomen very tender but not at all distended. Six bullet wounds were found—one through terminal phalanx of right little finger; one through proximal phalanx of right middle finger, ranging upward through hand; one through proximal phalanx of left index finger; one just cutting through integument above right

ilium; one in dorsum of right hip, and the worst of all in right iliac fossa, about midway and half an inch below a line drawn from umbilicus to anterior superior spinous process of right ilium. He complained only of the latter wound—said the pain was "unbearable," "was killing him by inches" and insisted that something be speedily done for his relief. The nature of the injury was explained to him, as also the necessity for an operation which would involve abdominal section, and thorough investigation of the status of the abdominal viscera He readily consented, and begged me to proceed at once.

Operation—Never perhaps since the days of antiseptics has an operation of this kind been undertaken under more unfavorable circumstances. No one expected it. Nothing was prepared for it. I had but one medical man to assist me, and he made no pretentions to surgery. He readily agreed that patient would soon die if let alone, and very cautiously admonished me to "let him alone." My timidity was not sufficient to overcome my sense of duty, so I proceeded to operate. Chloroform was administered and an exploration of the wound undertaken. The probe would not pass beyond the muscular tissue. An incision was made in the median line from the umbilicus to one inch above pubes. The parts were carefully divided down to the peritoneum which was nicked with scissors and divided on a grooved director. The wound in linea alba was also enlarged upon the director. The intestines were carefully draw out and held in warm dry towels (not aseptic). Blood vessels of bowels and omentum deeply engorged. The omentum was studded with tubercle in nodules from the size of a pin head to a small pea. A careful examination of the intestines showed that they were intact. The bullet had ranged upward and inward, entering the abdominal cavity about three ioches from point of contact. Blood was oozing from the wound in the ioner wall at point of entrance into abdominal cavity. This was readily stopped by pressure with thumb and finger, the thumb outside. There was a collection of venous blood in the cavity—extra-peritooeal, and a slight abrasion of the peritoneum where the bullet struck it when it entered the cavity. The bullet lodged near the spine without doing any damage to the viscera. The abrasion in the peritooeum was dusted with iodoform. The blood removed by sponges (new ones hurriedly washed out in carbolized rain water). The peritoneum closed with carbolized catgut sutures, dusted with iodoform, and the wound in the linea alba similarly treated, taking care not to penetrate the muscular tissue with the sutures, and finally the wound in integument was closed with interrupted silk sutures one-half ioch apart, dusted with iodoform and

supported by strips of adhesive plaster. A warm towel was now placed over the abdomen and the patient was quietly placed in bed within one hour from the receipt of his injuries. Pulse and temperature could not be accurately taken before the anæsthetic was administered on account of the great restlessness of the patient. When put to bed temperature was 99½°, pulse 130. When he rallied from the anæsthetic he said he was entirely free from pain and remained so up to the twelfth day. when he had some trouble from accumulation of flatus. He vomited three or four times during the first night after the operation. On the twelfth day he took a dose of castor oil with ten drops of turpentine, which removed the accumulated flatus, and thoroughly moved his bowels for the first time. The wound was thoroughly healed in one week without a drop of pus, He was kept in bed twenty-one days and the urine drawn with a catheter. He could not void his urine lying down.

He is now, May 1, sound and well, and has been going around since the twenty-first day. Three bones in hand and fingers were shot through, but all healed under a single iodoform dressing. The wound in the hip gave him no trouble after the bleeding was stopped. The bullets could not be found. I was greatly surprised to find the intestine not wounded. The patient was standing squarely in front of his assailant and but twenty feet distant. The weapon used was a 32-calibre. The ball that entered the abdomen passed through fifteen thicknesses of clothing and the index finger of the left hand.

Notwithstanding the intestines were not wounded, my patient was liable to death from three other sources: internal hæmorrhage, blood poisoning, and peritonitis. This entirely leaves out the impending shock—which it seemed must prove speedily fatal. The operation had a decidedly calmative effect on the patient, for when assured that the intestines were not wounded he said: "If that be true I shall surely get well."